FY 2012 Substance Use Disorder Community Based Treatment System Report
by The Idaho Supreme Court to the Idaho Criminal Justice Commission
June 24th, 2011

1) Appropriation for FY 2012 & Budget by Population

General fund	$1,594,800
Substance abuse treatment fund	$3,232,900
Total	$4,827,700

Felony Drug Court	$	2,991,480
Misd/ DUI Drug Court	$	1,101,920
Juvenile Drug Court	$	434,560
Mental Health Court	$	97,000

Recommendations for Treatment Services = $4,624,960

Difference = $202,740 to be allocated by a Sustainability and Institutionalization subcommittee of the Drug Court and Metal Health Court Coordinating Committee (DCMHCCC). The subcommittee will be making recommendations for allocations of all problem solving court funds in the areas of coordination and coordination enhancement, drug testing and substance abuse treatment.

2) Goals for the Appropriation and projected numbers served by Population

The goals of the drug courts and mental health courts, pursuant to [IC 19-5601] are to reduce the overcrowding of jails and prisons, to reduce alcohol and drug abuse and dependency among criminal and juvenile offenders, to hold offenders accountable, to reduce recidivism, and to promote effective interaction and use of resources among the courts, justice system personnel and community agencies.

Projected total population to be served: approximately **2,190** based on FY 2010 numbers served.

Projected served by population, based on FY 2010 numbers served:

Felony Drug Court	**1200**
Misd/ DUI Drug Court	**500**
Juvenile Drug Court	**190**
Mental Health Court	**300**

3) Proposed Evidence Based Practices to be incorporated by population

Problem-Solving Courts are arguably the most studied social program of all time and the evidence is clear that problem solving courts are effective (cost effective as well) at reducing recidivism. National studies indicate that felony drug courts, juvenile drug courts, and DUI drug courts reduce recidivism. Additionally, two statewide outcome evaluations were conducted for felony drug courts and DUI drug courts, indicating similar outcomes as national studies:

Adult Felony Outcome by Number of Individuals and percentage Rate of Recidivism

	All Drug Court	Drug Court Graduates	Comparison Group
Overall Population in Study	702	290	691
New Offenses (recidivism)	203 (29.5%)	56 (19%)	237 (37.3%)

DUI Court Outcome by Number of Individuals and percentage Rate of Recidivism

	All DUI Court	DUI Court Graduates	Comparison Group
Overall Population in Study	216	164	200
New Offenses (recidivism)	50 (23%)	29 (18%)	74 (37%)

Through the DCMHCCC we continue to enhance guidelines for effectiveness and evaluation that identify evidence based practices for problem solving courts to adhere to. **GUIDELINES ARE ATTACHMENT A.**

4) Partnerships by Population

Partnerships are well established at the local level for the successful operation of a problem solving court. Although there are variations between problem-solving court populations, each population has identified a core set of team members , such as the judge, prosecutor, defense

attorney, coordinator, probation officer, and treatment provider. As an example, below is an excerpt from the Adult Drug Court Standards and Guidelines indicating the minimum team members necessary for a felony drug court, DUI drug court, and misdemeanor/ DUI drug Court to operate:

> **"4.4. The drug court team shall include, at a minimum, the judge, prosecutor, defense counsel, probation/community supervision officer, treatment provider, law enforcement representative, and coordinator.** The team may also include other members such as mental health providers, health providers, drug testing personnel, and vocational services personnel."

At the state level, the Idaho Supreme Court remains committed to engaging partners with monthly coordination meetings held between ISC and IDHW, IDOC, and IDJC. Additionally, the membership of the DCMHCCC clearly represents engagement and participation across a variety of state agencies and community partners (county commissioners and organizations). **DCMHCCC ROSTER ATTACHMENT B.**

5) **Approach in FY 2012 for System (i.e., district/ county proposals and allocations, in-house intake centers, etc.)**

For FY 2012, the DCMHCCC approved the core approach to the use of the appropriations to continue to work closely with the Department of Health and Welfare and Business Psychology Associates with no significant changes in FY 2012 to current business practices, save for 3 areas:

a) Participate along with partner agencies in a voucher for treatment services for 545 days or 18 months.
b) We will coordinate with the Behavioral Health Interagency Cooperative towards developing a quality assurance protocol for treatment
c) A Subcommittee of the DCMHCCC will examine funding structure and allocation

6) **Other FY 2012 Plans (intake, assessments, service coordination, administration, etc.)**

The DCMHCCC also approved a series of recommendations for FY 2012 in regards to more specific areas of operation for the use of Substance Use Disorder funds:

Authorization and intake: Problem-Solving Courts will continue the current process for treatment authorizations, with the intake form filled out by a drug or mental health court coordinator, in order to initiate the treatment billing.

Authorized as a "Voucher": The Coordinator will authorize treatment, as a "voucher" for treatment services, limited by 545 days or 18 months.

Data entry and payment for services: Problem-Solving Courts will continue to utilize BPA to process the intake, enter client data, enter data on financial eligibility and the established

sliding scale fee, enter the consent for release of information, and process termination forms that are submitted by the coordinators.

Description of Covered Services & Level of Care: Problem-Solving Courts will continue with the suspension of substance abuse treatment funds for Adult Drug Court Populations (Felony Drug Court, Misdemeanor/ DUI Drug Court, and DUI Court) for residential treatment and for intensive outpatient, with the option for the Statewide Drug Court and Mental Health Court Coordinator (or designee) to approve offenders for access to those services in limited circumstances.

Provider Network: Problem-solving Courts will continue to use substance abuse treatment providers that are approved through DHW and are part of the provider network managed by BPA.

Treatment Plan: The treatment provider will continue to work with the problem-solving court team to develop the individualized treatment plan, including any recommended level of care beyond outpatient treatment.

Fiscal Management: The Supreme Court Administrative Office will continue to receive, compile, and distribute monthly expenditure reports.

7) **Potential Outcomes to Be Reported by Population:**

a. #/ % of successful treatment discharges
b. #/ % of unsuccessful treatment discharges
c. Average LSI-R or YLS/CMI Score
d. Level of Education (pre-post)
e. Earnings (pre-post)
f. Recidivism
g. Average Length of Treatment and intensity/ frequency

8) **Preliminary FY 2013 & FY 2014 plans**

The Idaho Department of Correction (IDOC) has developed in FY 2012 Intake and Assessment Centers. These Centers will allow the Department to perform multiple standardized and evidence based assessments on offenders in order to best match offenders risk and needs with services in the community. The Courts will work with IDOC to develop plans that will incorporate the use of the statewide and standardized assessments, through the Centers, for felony problem-solving courts.

The Web-based Infrastructure Treatment System (WITS) is currently being implemented for the Substance Use Disorder system by IDHW, as a statewide client records and outcomes management system. It is the intent of the Courts to utilize WITS for problem-solving courts in FY 2013.

Additionally, it has been recognized by Idaho problem-solving court judges that the current process for acquiring quality assurance of treatment provided to drug and mental health court participants, is in need of strengthening. The Behavioral Health Interagency Cooperative (BHIC) has identified that each of the partner agencies, branches of government, and counties have expressed a similar need and will coordinate efforts towards ensuring that treatment provided in the community is adequately monitored, measured, and strengthened.

The Courts remain committed to working closely with the Idaho Department of Juvenile Corrections and Counties to ensure an effective continuum of services for youthful offender, regardless of the source of the appropriation.

ATTACHMENT A.

IDAHO ADULT DRUG COURT
STANDARDS & GUIDELINES FOR
EFFECTIVENESS AND EVALUATION
Revision adopted by the Statewide Drug Court and
Mental Health Court Coordinating Committee on April 29, 2011

Standards / Guidelines Description

The purpose of this document is to set forth both required standards and recommended guidelines to provide a sound and consistent foundation for the operation and for the evaluation of Idaho's drug courts. These standards and guidelines articulate evidence-based practices, now well established by a substantial body of research, as well as broadly accepted consensus practices that are correlated with positive and cost-effective outcomes.

These standards and guidelines are not rules of procedure and have no effect of law. They are not the basis of appeal by any drug court participant and lack of adherence to any standard or guideline is not the basis for withholding any sanction or readmitting a participant who is terminated for any cause.

The standards and guidelines provide a basis for each drug court to establish written policies and procedures that reflect the standards and guidelines, the needs of participants, and the resources available in the community.

The standards and guidelines are based on **principles** gleaned from current research and credible, published resources in the areas of criminal justice and addiction treatment, with specific focus on drug courts. The standards and **guidelines** were developed and refined through input from Idaho drug court professionals and stakeholders, as well as acknowledged national experts, and represent a consensus about appropriate practice guidance.

The Idaho Drug Court and Mental Health Court Act states "The district court in each county may establish a drug court which shall include a regimen of graduated sanctions and rewards, substance abuse treatment, close court monitoring and supervision of progress, educational or vocational counseling as appropriate, and other requirements as may be established by the district court, **in accordance with standards developed by the Idaho Supreme Court Drug Court and Mental Health Court Coordinating Committee.**
In addition, the Idaho Drug Court and Mental Health Court Act states: "The [Drug Court and Mental Health Court Coordinating] committee shall also develop **guidelines for drug courts addressing eligibility, identification and screening, assessment, treatment and treatment providers, case management and supervision, and evaluation".**

These standards and guidelines are organized under these statutory headings. In addition, **Coordination of Services** has been added to encompass guidelines related to the establishment and maintenance of the partnerships, also envisioned in the statute, that are so vital to effective and sustainable drug courts.

Standards of effectiveness and evaluation will be designated by showing them in **bold font.** Drug courts will be accountable to the Coordinating Committee and to the Supreme Court for operating in compliance with the standards. Guidelines are shown in normal font and are guidance for operations in ways that are consistent with sound practice but for which local courts will have greater latitude in operation to meet local circumstances.

ADULT DRUG COURT STANDARDS & GUIDELINES FOR EFFECTIVENESS AND EVALUATION

Each district court shall establish written policies and procedures that describe how the drug court(s) will implement these statewide guidelines as well as any additional guidelines, policies, and procedures necessary to govern its operations.

Bold = Standards

1.0 ELIGIBILITY

1.1 No person has a right to be admitted into drug court. [I.C. 19-5604]

1.2 No person shall be eligible to participate in drug court if:

The person is currently charged with, or has pled or been found guilty of, a felony in which the person committed or attempted to commit, conspired to commit, or intended to commit a sex offense. [I.C. 19-5604.b.2]

1.2 Each drug court shall establish written criteria defining its target population addressing the following considerations:

(A) Drug court is not intended for offenders with low criminogenic risk of recidivism. Drug court is intended for offenders with a moderate- high to high risk of recidivism and high level of criminogenic needs (within a recommended range of LSI-R composite scores between 18-40) Based on Idaho specific drug court outcome data, offenders with an LSI-R composite score above 33 require additional resources for success).

(B) Drug courts should consider acceptance of offenders with offenses influenced by drug use in addition to drug or DUI specific offenses when establishing the target population.

(C) Drug courts should consider offenders with at least one prior felony offense.

(D) Offenders with a felony offense who are at risk of incarceration should be given priority for admission.

(E) Individuals who are failing to comply with conditions of probation because of substance dependence or addiction and who are being or may be charged with a probation violation, with potential incarceration, should be screened and considered for possible drug court participation.

(F) Persons currently charged with, who have pled or have been adjudicated or found guilty of, a felony crime of violence or a felony crime in which the person used either a firearm or a deadly weapon or instrument may be admitted at the discretion of the drug court team and with the approval of the prosecuting attorney as specified in I.C. 19-5604 , as amended 2011.

1.4 Each drug court shall establish a written procedure for deciding how individuals will be considered for acceptance into drug court, including who will have input into that decision, the criteria for inclusion and exclusion (established in Guideline 1.3), and the establishment of final control for admittance by the presiding drug court judge.

1.5 Each drug court shall identify eligible individuals quickly, screen them as soon as possible, advise them about the program and the merits of participating, and place them promptly in the drug court in order to capitalize on a triggering event, such as an arrest or probation violation, which can persuade or compel participants to enter and remain in treatment.

Comment: Research suggests that admitting participants into drug court within 20 days of arrest shows improved outcomes and reduced costs.

1.6 Coerced treatment is as effective or more effective than voluntary treatment. Participants should not be excluded from admission solely because of prior treatment failures or a current lack of demonstrated motivation for treatment. Drug courts should implement motivational enhancement strategies to engage participants and keep them in treatment.

1.7 **Payment of fees, fines, and/or restitution is an important part of a participant's treatment, but no one, who is otherwise eligible, should be denied participation solely because of inability to pay.**

Courts should establish a clear payment plan with offenders at intake, work closely with offenders throughout drug court participation to keep fee payments current, and develop procedures for recording unpaid drug court fee balances remaining at the time of graduation as a civil judgment. The practice of deferring graduation until balances are paid is discouraged because of its impact on operational costs and ability to admit new participants.

1.8 **Drug court participants shall be responsible for payment of the cost of treatment, based on the established Department of Health and Welfare sliding fee scale, which recognizes all court related fees, fines, and other payments as deductions from income. Participants eligible for payment for treatment under the Medicaid program will be billed for through Medicaid with no co-payment required.**

1.9 Cooperation among drug courts is encouraged, within the constraints of available resources, to facilitate transfer of eligible applicants or current participants to the drug court that is most accessible to them or to the most appropriate problem-solving court (including but not limited to DUI court, Misdemeanor/DUI Court, Mental Health Court, and Child Protection Drug Court). Such transfers are contingent on meeting the receiving courts' written target population criteria. The receiving court may be transferred jurisdiction in accordance with Idaho Criminal Rule 20.

1.10 **Participants with a mental illness should be accepted and/or retained in drug court if the mental health evaluation indicates they are amenable to the drug court model, if appropriate treatment resources are available.**

2.0 Identification and Assessment

2.1 **Prospective drug court participants shall be identified through a structured screening process designed to determine if they meet the drug court target population eligibility criteria.**

2.2 **Each drug court candidate shall undergo a substance abuse assessment [IC 19-5604] prior to acceptance into drug court. Screening procedures shall include, at a minimum the Global Appraisal of Individual Needs- Short Screener (GAIN-SS),GAIN-Quick (GAIN-Q) or the full GAIN-Initial (GAIN-I)**

2.3 **Each drug court candidate shall undergo a criminogenic risk assessment. [IC 19-5604] prior to acceptance into drug court,**
Such assessment procedure shall include, at a minimum the Level of Services Inventory – Revised (LSI-R) prior to acceptance into drug court. [IC 19.5604]

2.4 Because a significant percentage of drug dependent/addicted offenders also have a diagnosable mental illness, drug courts shall develop procedures to identify participants with a mental illness, to refer them to an available mental health provider for evaluation and treatment, and to seek regular input from that provider regarding these participants. Screening for mental illness shall use consistent state criteria.

2.5 **The treatment plan for substance abuse or dependence shall be based on a clinical assessment, performed by a qualified professional, including a GAIN-Interview (GAIN-I).**

Participants shall be initially assessed by both court and treatment personnel to ensure that individuals are suitably matched to appropriate treatment and interventions designed to address their identified criminogenic needs.

3.0 Treatment and Treatment Providers

3.1 **Treatment paid for by state funds shall be provided in programs approved by the Idaho Department of Health and Welfare under promulgated *Rules and Minimum Standards Governing Alcohol / Drug Abuse Prevention and Treatment Programs,* which have been revised to address the needs of drug court participants.**

3.2 **Each drug court shall implement procedures to assure that treatment services are delivered within available financial resources.**

3.3 Information regarding the specific treatment services delivered is essential for drug courts to cost-effectively manage the drug court. Communication between treatment providers, DHW/Management Service Contractor, and drug court team shall take place on a monthly basis and include the following minimum elements:

(A) Projected treatment costs per client (according to the treatment plan)

(B) Expenditures, per services, monthly and year-to-date, by client

(C) Expenditures, per provider, monthly and year to date, by services

3.4 **Drug court treatment is intended for chemically dependent/addicted individuals assessed as being of moderate to high criminogenic risk** (recommended range of LSI-R composite scores between 18-40).

3.5 **Treatment shall be provided to address identified, individualized criminogenic needs with the expectation that the treatment program will consist of a majority of the treatment interventions being evidence-based practices, delivered with fidelity.**

3.6 **Group size for group treatment interventions shall range from eight to twelve members unless the fidelity of the specific intervention is based on a different number.**

3.7 **Treatment shall include the following:**
A cognitive behavioral model, including interventions designed to address criminal thinking patterns.

(A) Techniques to accommodate and address participant stages of change. Members of the drug court team should work together to engage participants and motivate participation. The consistent use of techniques such as motivational interviewing and motivational enhancement therapy have been found ,to reduce client defensiveness, foster engagement, and improve retention.

(B) Family education and / or treatment to address patterns of family interaction that increase the risk of re-offending, to develop family understanding of substance use disorders and recovery, and to create an improved family support system.

(C) Referral of family members to appropriate community resources to address other identified service needs.

(D) Incorporation of parenting, child support and custody issues, and the needs of children in the participant's family into the treatment plan and addressing these needs through the effective use of community resources.

(E) Frequent, regular clinical/treatment staffings to review treatment goals, progress, and other clinical issues for each participant.

(F) The prompt and systematic reporting to the drug court team of the participant's behavior, compliance with, and progress in treatment; the participant's achievements; the participant's compliance with the drug court program requirements; and any of the participant's behavior that does not reflect a recovery lifestyle.

(G) Progressive phases that include the focus and goals described below:

1. The focus of Phase 1 is Orientation, Stabilization and Initial Engagement. During this phase participants are expected to attempt to establish initial abstinence; understand and accept that he or she has an alcohol/drug dependence/addiction problem; demonstrate initial willingness to

participate in treatment activities; become compliant with the conditions of participation in drug court; establish an initial therapeutic relationship; and commit to a plan for active treatment.

2. **The focus of Phase 2 is the provision of Treatment. During this phase participants are expected to demonstrate continued efforts at achieving abstinence; develop an understanding of substance abuse and offender recovery tools, including relapse prevention; develop an understanding and ability to employ the tools of cognitive restructuring of criminal/risk thinking; develop the use of a recovery support system; and assume or resume socially accepted life roles, including education or work and responsible family relations.**

3. **The focus of Phase 3 is Transition to Community Engagement. During this phase participants are expected to demonstrate continued abstinence; demonstrate competence in using relapse prevention, recovery, and cognitive restructuring skills, in progressively more challenging situations; develop further cognitive skills such as anger management, negotiation, problem- solving and decision making, and financial and time management; connect with other community treatment or rehabilitative services matched to identified criminogenic needs; demonstrate continued use of a community-based recovery support system; and demonstrate continued effective performance of socially-accepted life roles.**

4. **The focus of Phase 4 is Maintenance of recovery skills and supports. During this phase participants are expected to demonstrate internalized recovery skills with minimal program support; maintain abstinence, demonstrate ability to identify relapse issues, and intervene; and contribute to and support the development of others in earlier phases of the drug court program.**

3.8 **Treatment Phases 1 /2 / 3 shall consist of a minimum of nine months in total. Phase 4 shall consist of a minimum of three months.**

3.9 Movement through the drug court treatment phases shall be based on individual participant progress and demonstrated competencies associated with each phase and not based on arbitrary timeframes in each phase, other than the minimum timelines specified in section 3.8.

3.10 Treatment intensity/phase assignment shall be based on treatment need, and shall not be adjusted as a means of imposing a sanction for non-compliance, unless such non-compliance indicates a clinical need for the change in treatment phase.

3.11 Treatment services should be responsive to ethnicity, gender, age, and other characteristics of the participant.

3.12 Medications should be utilized in conjunction with treatment services if there is approved need.

3.13 The treatment provider shall have detailed written guidelines describing how it will provide any of the treatment activities that are its responsibility, and the drug court shall have written guidelines describing how the remaining treatment activities will be implemented.

Comment: Nothing herein is intended to recommend that the treatment provider perform all of the treatment activities listed in section 3.6. For example, in a particular drug court, the Department of Correction may provide cognitive restructuring intervention and the local sheriff may provide urinalyses drug testing.

3.14 It is preferable that the drug court has a single treatment provider (that can make referrals to other ancillary treatment if individual circumstances require such referral). **Should multiple providers be used a selection process will be used to clearly set expectations of treatment services to be provided and no more than two providers are used.**

3.15 **The treatment representative shall attend all drug court staffings and court sessions.**

4.0 CASE MANAGEMENT AND SUPERVISION

4.1 **Judicial assignment should be made on the basis of interest in the problem-solving court model and should be expected to last for a minimum of three years. Research has demonstrated that frequent rotations or short-term assignments of judges adversely affect outcomes.**

4.2 In Phases 1 and 2 participants shall appear before the judge in court at least twice a month or more frequently if the participant is not in compliance with drug court requirements.

Comment: Research shows that participants with a higher criminogenic risk have better outcomes if they appear in court regularly rather than "as needed", based on non-compliance. Both weekly and bi-weekly frequencies of court status hearings have shown positive outcomes.

4.3 The frequency of court appearances shall ordinarily decrease as the participant progresses through the phases of treatment. In Phases 3 of drug court, the client shall appear before the judge in court at least once per month. In Phase 4, court appearances before the judge may be determined by the individual drug court.

4.4 **The drug court team shall include, at a minimum, the judge, prosecutor, defense counsel, probation/community supervision officer, treatment provider, law enforcement representative, and coordinator.** The team may also include other members such as mental health providers, health providers, drug testing personnel, and vocational services personnel.

4.5 **Prior to each of his or her court appearances, each participant's treatment progress and program compliance shall be discussed at a staffing by the drug court team. During that staffing, the drug court team shall also discuss rewards or sanctions for the participant and phase movement or graduation. Staffings shall include the active participation of:**

(A) **Judge**
(B) **Coordinator**
(C) **Probation officer**
(D) **Prosecutor**
(E) **Defense Counsel**
(F) **Treatment Provider**
(G) **Law Enforcement Representative**

Comment: Research has clearly demonstrated that the active participation of all team members is directly tied to positive outcomes and cost-effectiveness for the drug court.

4.6 **Drug court team members shall meet at least 2 times per month if not every week for drug court staffings to consider participant acceptance into drug court, to monitor participant progress, and to discuss sanctions/ rewards and Phase movement or graduation. Each drug court shall specify who will be members of the drug court team, beyond those specified at a minimum in Section 4.4.**

Comments: Optimally, participation in staffings should be in person but communications technology may be utilized (examples: webinar, conference calls, streaming video, and web-cam). Although every effort should be made for all drug court team members to attend all staffings, exceptions may be made for vacations, health issues, or emergencies.

4.7 **All drug court team members shall be specifically identified in the "consent(s) for disclosure of confidential information", signed by each participant.**

4.8 **The judge shall serve as the leader of the drug court team, and shall maintain an active role in the drug court processes, including drug court staffing, conducting regular status hearings, imposing behavioral rewards, incentives and sanctions, and seeking development of consensus-based problem solving and planning.**

4.9 Community supervision / probation shall play a significant role in the drug court. Each drug court shall work with the Department of Correction and/or misdemeanor probation to coordinate home visits and other community supervision activities and regular communication as determined by the drug court team.

It is understood that supervision in the drug court setting will be individualized to the needs of participants as determined by the drug court team and will generally exceed the minimum risk -based supervision standards required by the Idaho Department of Correction.

4.10 **Each drug court shall have a written drug testing policy and protocol describing how the testing will be administered, standards for observation to ensure reliable specimen collection, how quickly results will be available to the team, the laboratory to be used, procedures for confirmation, and process for reporting and acting on results.**

4.11 **Monitoring of abstinence through truly random, observed urinalysis or other approved drug testing methodology shall occur no less often than an average of twice weekly or ten times per month throughout drug court participation. More frequent drug testing may be required for randomization but is not evidence-based nor cost-**

effective except in the case of alcohol testing which may be necessary on a more frequent basis.

4.12 **Drug court staff shall routinely have drug test results within 48 hours.**

4.13 **Drug testing shall be available on weekends and holidays**

4.14 **The drug court shall give each participant a handbook setting forth the expectations and requirements of participation including:**

(A) clear written guidelines identifying possible sanctions and incentives and how those sanctions and incentives will be utilized.

(B) court contact information with dates, times and court locations

(C) drug testing locations, times and process

(D) treatment contact information, location(s) and expectations

(E) probation contact information

(F) coordinator contact information

(G) fees and costs of participation

(H) graduation criteria

4.15 Research has shown that for sanctions to be effective, they must be, in order of importance: (a) certain, (b) swift, (c) perceived as fair, and (d) appropriate in magnitude. While sanctions for noncompliance should generally be consistent, they may need to be individualized as necessary to increase effectiveness for particular participants. When a sanction is individualized, the reason for doing so should be communicated to the participant to lessen the chance that he or she, or his or her peers, will perceive the sanction as unfair.

Research has shown that successive sanctions imposed on a participant should be graduated to increase their effectiveness.

Increased treatment intensity shall be based upon clinical need and not imposed as a sanction for noncompliance as specified in Section 3.10.

Comment: It is important that the judge convey to the participant that any sanction for noncompliance is separate from any change in treatment intensity.

4.16 **Positive responses, incentives, or rewards to acknowledge desired participant behavior shall be emphasized over negative sanctions or punishment.**

Comment: Research shows that at least four positive reinforcements to each punishment are most effective.

4.17 Graduation Criteria shall include at a minimum:

(A) Successful completion of substance abuse treatment

(B) Successful completion of the chosen cognitive restructuring program (e.g. MRT, CSC)

(C) 6 months of continuous abstinence from alcohol or other drugs

(D) Maintenance of responsible vocational or educational status for a reasonable period of time

(E) Demonstrated effective use of a community-based recovery support system

(F) Payment of fees or an agreed upon payment plan for any outstanding balance

(G) Acceptable written relapse prevention plan

4.18 All members of the drug court team shall maintain frequent, ongoing communication of accurate and timely information about participants to ensure that responses to compliance and noncompliance are certain, swift and coordinated.

4.19 The drug court shall have a written policy and procedure for adhering to appropriate and legal confidentiality requirements and should provide all team members with an orientation regarding the confidentiality requirements of 42 USC 290dd-2, 42 CFR Part 2.

4.20 Participants shall sign the statewide uniform consent for disclosure of confidential information upon application for entry into drug court.

*Comment: The statewide uniform **Consent for Disclosure** is attached as Appendix A.*

4.21 Care shall be taken to prevent the unauthorized disclosure of information regarding participants. Progress reports, drug testing results, and other information regarding a participant and disseminated to the drug court team, shall not be placed in a court file that is open to examination by members of the public. Information regarding one participant shall not be placed in another participant's file such as duplicate copies of group progress notes describing progress or participation of all group members.

5.0 EVALUATION

5.1 Specific and measurable criteria marking progress should be established and recorded in ISTARS for each drug court participant (i.e. drug testing results, compliance with program requirements, sanctions and incentives, participation in treatment, payment of fees, etc.).

5.2 Specific and measurable goals for the overall drug court should be established and used as parameters for data collection and information management.

5.3 Drug Courts shall utilize the ISTARS Drug Court Module to record participant information and information on participation, phase movement and graduation.

5.4 A wide variety of timely and useful reports shall be available from ISTARS for review by drug court team members but such reports will not include information that identifies individual participants.

5.5 **Drug courts shall provide utilization data to the Idaho Supreme Court promptly by the 10th of the month. The utilization report provides at a minimum, the number of participants active in drug court at the start of the month, the number of new admissions to drug court during the month, the number of unsuccessful terminations and graduates during the month, and the number of participants enrolled on the last day of the month.**

5.6 Data to assess whether the drug court is functioning as intended, should be collected throughout the course of the program, particularly in the early stages of implementation.

5.7 Outcome evaluations using comparison groups should be implemented to determine long-term effects of the drug court.

5.8 **Initial drug court intake information must be obtained for each participant assessed for entry into drug court. Complete intake information must be obtained for all participants who enter drug court. This data must be entered into the ISTARS drug court module. This information is essential to evaluate the effectiveness of the Idaho Drug Courts.**

5.9 The district court of each county which has implemented drug court(s) shall annually evaluate the program's effectiveness and provide a report to the Supreme Court, if requested.

5.10 **A client feedback evaluation should be conducted twice-per-year by each drug court.**

5.11 **An annual report, *The Effectiveness of Idaho Drug Courts* will be presented to the Governor and the Legislature by the *Idaho Drug Court Coordinating Committee*, no later than the first day of the Legislative session.**

5.12 **Evaluation results/ recommendations should be reviewed and implemented at frequent intervals and used to analyze operations, modify program procedures, gauge effectiveness, change therapeutic interventions, measure and refine program goals, and make decisions about continuing or expanding the program.**

5.13 Evaluation results should be shared widely.

6.0 PARTNERSHIPS / COORDINATION OF SERVICES

6.1 **A formal written agreement shall provide the foundation for collaboration, working relationships, and operating policies and procedures at the statewide level, between the Idaho Supreme Court, the Idaho Department of Health and Welfare and the Idaho Department of Correction, updated as needed.**

6.2 **Each drug court shall have a formal written agreement to provide the foundation for collaboration, working relationships, and operating policies and procedures at the local level, among the key agencies responsible for the operation of each local drug court. The agreement will be signed by the executive authority for each key agency, including at a minimum, the judicial district, the prosecutor, public defender, probation agency, treatment provider and County Commission, updated as needed.**

6.3 Each drug court should work to establish partnerships with additional public and private agencies and community-based organizations in order to generate local support and enhance drug court program effectiveness.

6.4 **The Trial Court Administrator in each District should convene a meeting on an annual basis engaging the executive authority of each stakeholder agency or organization to identify and address district-wide issues affecting the operations and outcomes of the district's problem-solving courts.**

6.5 **The Coordinator for each drug court shall convene a team meeting for addressing program issues such as policy changes, program development, quality assurance, communication, and problem-solving at least twice a year.**

6.6 **The Judge for each drug court shall convene meetings at least twice a year to provide for cross-disciplinary and team development training for all members. The Judge, as team leader, is responsible for assuring participation. The Drug Court Coordinator is responsible for assessing training needs and arranging training.**

6.7 A local coordinating committee of representatives from organizations and agencies including the court, law enforcement, corrections, treatment and rehabilitation providers, educators, health and social service agencies, community organizations and faith community should meet regularly to provide feedback and input to the drug court program and aid in the acquisition and distribution of resources related to the drug court.

6.8 A state or regional training conference for drug court teams should be held annually, budget funds permitting.

6.9 Information on national and regional, drug court training opportunities will be disseminated to all drug courts, by the Statewide Drug Court Coordinator.

Conclusion

Research has proven beyond reasonable debate that well run drug courts reduce recidivism among the high risk/high needs offender population. Idaho's Courts can use these Standards and Guidelines as a foundation for creating new drug courts and for maintaining and evaluating existing drug courts. These Standards and Guidelines will assure appropriate consistency while still enabling flexibility to shape drug courts to meet regional needs. The result will be a strong, consistent, statewide drug court system that will produce positive and cost effective outcomes for offenders and the community.

ATTACHMENT B.

DRUG COURT AND MENTAL HEALTH COURT COORDINATING COMMITTEE ROSTER

May 2011

Justice Daniel Eismann, Chair*
Judge Ron Wilper, Vice Chair
Richard Armstrong, Director-Dept. of Health and Welfare
Judge Richard Bevan-Twin Falls County District Judge
Roger Bourne-Chief Criminal Deputy Ada County Prosecutor's Office
Marreen Burton-Ada County Courthouse
Colonel David Brasuell, Administrator-Idaho Division of Veterans Services
Burt Butler-Trial Court Administrator
Commissioner Roger Christensen- Bonneville County Commissioner
Denise Chuckovich, Executive Director-Idaho Primary Care Association
Kipp Dana-District 7 Drug Court Treatment Services
Judge Larry Duff
Hon. Stephen Dunn-Sixth Judicial District
Martha Ekhoff, Director-Office of Consumer & Family Affairs Idaho Peer Specialist Development Project
Matt English-Sixth District Problem Solving Court Coordinator
Debbie Field-Idaho Office of Drug Policy
Tim Fleming-Canyon County Prosecuting Attorney
Dennis Hardziej-Executive Director Correctional Counseling, Inc
Sharon Harrigfeld, Director-Department of Juvenile Corrections
Kerry Hong-Misdemeanor Sentencing Alternatives Specialist
Molly Huskey-State Appellate Public Defender
Corrie Keller-Idaho Supreme Court
Senator Patti Anne Lodge
Donald Marler-Attorney at Law
Lisa Martin-Drug and Mental Health Court Coordinator Nez Perce County
Mark Mimura-Canyon County Public Defender
Eric Olson-District 7 MH Court Coordinator
Hon. Michael Reardon-Magistrate Judge Ada County Courthouse
Brent Reinke, Director-Department of Corrections
Judge Thomas Ryan-Canyon County District Judge
Michele Sherrer-Gem County Commissioner
Jamie Shropshire-Assistant City Attorney City of Lewiston
Hon. Darren Simpson-District Judge Bingham County
Dustin Smith-Oneida County Prosecuting Attorney
Judge George Southworth-Canyon County Magistrate
Hon. Penny Stanford-Magistrate Judge Clark County
Judge John Stegner
John Tanner and Martha Tanner-National Alliance on Mental Illness
Patti Tobias, Director-Idaho Supreme Court
Hon. Scott Wayman-Magistrate Judge Kootenai County
Rita Wickham-Kootenai County DUI Court Coordinator
Representative Richard Wills
Linda Wright-Trial Court Administrator
Norma Jaeger, Reporter-Idaho Supreme Court